



WyIR Provider Enrollment Agreement

The Wyoming Immunization Registry is an Internet-based immunization registry operated by the Wyoming Department of Health (WDH), Immunization Program. Enrolled healthcare providers can obtain immunization information for patients, including tracking and recall. Patient information is confidential and is only available to the authorized users of the registry.

The immunizations records of all Wyoming citizens may be included in the system due to it being defined as Public Health Information. However, an individual or parent or guardian may withdraw at any time. Should a parent or patient decide to discontinue Registry participation, the parent or patient must complete and forward a WyIR Opt-Out Form. The original copy is maintained in the healthcare provider's office and a copy sent to the Wyoming Immunization Registry Program.

Name of Health Care Provider/Organization _____

Number of Clinic Site in Organization: _____

Street Address: _____

City: _____ **Zip:** _____

County: _____

Phone: () _____ **EXT.** _____

Fax: () _____

Contact Person: _____

E-mail: _____

Title of Contact Person: _____

WyVIP Representative: _____

VFC PIN: _____

Organizational Type (Please Check):

	Community Health Center
	HMO - Public
	HMO - Private
	Hospital - Public
	Hospital - Private
	Indian Health Service
	Military
	Other
	Private Medical Clinic/Office
	Public Health Office
	School - Public
	School - Private
	WIC

As a condition of participating in the Wyoming Immunization Registry the above Provider enters into this agreement with the Wyoming Department of Health, and agrees to the following:

- To use the Wyoming Immunization Registry only for the immunization needs of patients. The Provider and his or her staff will access the registry:
 - to ensure adequate immunization,
 - to avoid unnecessary immunizations,
 - to confirm compliance with mandatory immunization requirements
 - to control disease outbreaks, or
 - to conduct ongoing or special immunization coverage assessments.
- If this agreement is violated by any use of the registry in an unauthorized manner, WDH reserves the right to terminate access to the registry.

- The Provider shall abide by the requirements in the WyIR Individual User Agreement, which is incorporated by reference into this agreement. Each staff member needing access to the Wyoming Immunization Registry must be defined within the WyIR Provider/User Access Level Form, complete the WyIR Acknowledgement of Training Form, and sign the WyIR Individual User Agreement, which must be kept with the employee's Personnel File
- The Provider acknowledges that unauthorized disclosure of confidential information may result in civil and/or criminal penalties. The Provider will take all reasonable steps to assure employee compliance with confidentiality requirements.
- The Provider shall cooperate with WDH in notifying parents or guardians about the system. Brochures and posters will be available at no cost to the Provider.
- The Provider shall furnish specified demographic and immunization information about patients receiving immunization on a prompt basis, striving for submission within one week after immunization administration.
- The Provider shall allow the parents or guardians to inspect, copy, and if necessary, request an amendment to their or their children's immunization records if he/she demonstrates that record is incorrect or incomplete. This can be accomplished through the completion and forwarding of the following Department of Health documents: F005-Access to Records Request and F009-Amendment Request. These forms are available to download on our website. This corrected information shall be entered into the Wyoming Immunization Registry Program or a local database and sent to the Wyoming Immunization Registry Program

Signing this form signifies agreement to be a Wyoming Immunization Registry Program authorized user. Please sign, keep a copy for yourself, and mail the original to the Wyoming Department of Health, Immunization Program, 6101 Yellowstone Road, Suite 420, Cheyenne WY 82002.

Signature of Provider or Authorized Representative

Date

Signature of Wyoming Immunization Registry
Program Representative

Date

Signature of Wyoming Immunization Registry

Date